

FORM PTO 1449 <u>INFORMATION DISCLOSURE STATEMENT</u>	ATTY. DOCKET NO. 0309-0001	APPLICATION NO. To Be Assigned
	APPLICANT(S) BENNINGER	
	FILING DATE Herewith	GROUP To Be Assigned

U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUB-CLASS	FILING DATE
<i>PS</i>	AA1	3,744,028	07/1973	Kirk			
	AB1	3,829,842	08/1974	Langdon et al.			
	AC1	4,021,783	05/1977	Highberger			
	AD1	4,172,280	10/1979	Spiesman			
	AE1	4,339,794	07/1982	Hideshima et al.			
	AF1	4,437,152	03/1984	Jones			
	AG1	4,490,775	12/1984	Quan			
	AH1	4,996,688	02/1991	Byers et al.			
	AI1	5,233,501	08/1993	Allen et al.			
	AJ1	5,947,748	09/1999	Licht et al.			
	AK1	6,392,557	05/2002	Kreuter			

FOREIGN PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUB- CLASS	TRANSLATION
	AL1						<input type="checkbox"/> Yes <input type="checkbox"/> No
	AM1						<input type="checkbox"/> Yes <input type="checkbox"/> No
	AN1						<input type="checkbox"/> Yes <input type="checkbox"/> No
	AO1						<input type="checkbox"/> Yes <input type="checkbox"/> No
	AP1						<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER (Including Author, Title, Date, Pertinent Pages, etc.)

AR	<u>1</u>	
AS	<u>1</u>	
AT	<u>1</u>	
EXAMINER <i>[Signature]</i>		DATE CONSIDERED <i>9/14/05</i>
EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.		

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EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUB-CLASS	FILING DATE
<i>[Signature]</i>	AA2	6,448,914	09/2002	Younis et al.			
<i>[Signature]</i>	AB2	US2002/ 0032826 A1	03/2002	Massie et al.			
	AC2						
	AD2						
	AE2						
	AF2						
	AG2						
	AH2						
	AI2						
	AJ2						
	AK2						

FOREIGN PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUB- CLASS	TRANSLATION
	AL2						<input type="checkbox"/> Yes <input type="checkbox"/> No
	AM2						<input type="checkbox"/> Yes <input type="checkbox"/> No
	AN2						<input type="checkbox"/> Yes <input type="checkbox"/> No
	AO2						<input type="checkbox"/> Yes <input type="checkbox"/> No
	AP2						<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER (Including Author, Title, Date, Pertinent Pages, etc.)

	AR	<u>2</u>	
	AS	<u>2</u>	
	AT	<u>2</u>	
EXAMINER	<i>[Signature]</i>		DATE CONSIDERED <i>3/14/05</i>
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